

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395492	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/25/2023
NAME OF PROVIDER OR SUPPLIER: WILLOWBROOKE COURT SKILLED CARE CENTER AT LIMA ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE: 411 NORTH MIDDLETOWN ROAD LIMA, PA 19037		
STATE LICENSE NUMBER: 151902				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
F 0641	Based on Medicare Recertification, State Licensure, and a Civil Rights Compliance survey completed on May 25, 2023, it was determined that Willowbrooke Court Skilled Care Center at Lima Estates was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to Health portion of the survey process.	F 0641		
SS=A	483.20(g) Accuracy of Assessments §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by:		I hereby acknowledge the CMS 2567-A, issued to WILLOWBROOKE COURT SKILLED CARE CENTER AT LIMA ESTATES for the survey ending 05/25/2023, AND attest that all deficiencies listed on the form will be corrected in a timely manner.	Completion Date: 06/15/2023 Status: APPROVED Date: 06/07/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0641 SS=A	Continued from page 1 Based on a review of clinical records and staff interviews, it was determined that the facility failed to accurately complete resident assessments for two 12 residents reviewed (Resident 24, and Resident 36). Findings include: Review of section P (Restraints and Alarms) in Resident 24's MDS revealed that limb restraints were "Used less than daily" dated March 14, 2023. Review of Resident 24's orders failed to find any orders for limb restraints. Further review of Resident 24's clinical record failed to find any documentation of limb restraints being used. Interview with the RNAC (registered nurse assessment coordinator) on May 24, 2023, at approximately 10:22 a.m. confirmed that the MDS Assessment for Resident 24 was not accurate with respect to the resident's restraint use. RNAC stated that limb restraints should have been coded as "Not	F 0641			

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F 0641 SS=A	Continued from page 2 used". Interview conducted with the Director of Nursing on May 24, 2023, at approximately 1:37 p.m. confirmed that Resident 24 was never subjected to restraints. Review of Resident 36 ' s Minimum Data Set (MDS- A standardized assessment tool that measures health status in long-term care residents) dated May 11, 2023, revealed resident was discharged to acute care. Review of the nursing progress notes dated May 11, 2023, at 1:15 p.m., revealed resident was discharged to [name of unit], has completed therapy and reached goals, and will be followed by an occupational therapist once transferred. An interview with licensed nurse Employee E3 was conducted on May 25, 2023, at 10:00 a.m. Employee E3 confirmed that Resident 36 was discharged to an assisted living unit and not to a	F 0641			

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F 0641 SS=A	Continued from page 3 hospital. Employee E3 confirmed that the MDS discharge was coded incorrectly. 28 Pa Code 201.18(b)(1) Management 28 Pa. Code 211.5(f) Clinical records 28 Pa. Code 211.12(d)(1)(5) Nursing services	F 0641			



Certified End Page

WILLOWBROOKE COURT SKILLED CARE CENTER AT LIMA ESTATES

STATE LICENSE NUMBER: 151902

SURVEY EXIT DATE: 05/25/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY